

Alaska Permanent Fund Dividend  
**2022 Child Application**  
 (Filed on Behalf of a Child by a Tribal Court)



17027

**This application may be filed only by a federally recognized Alaska Tribal Court on behalf of a child for whom the Tribal Court has legal custody. With the application, provide a copy of the Tribal Court Order.**

CHILD'S SOCIAL SECURITY NUMBER    CHILD'S DATE OF BIRTH    ☐ MALE ☐ FEMALE  
Failure to provide a valid SSN will subject this dividend to 24% backup withholding by the IRS. Month Day Year

CHILD'S FIRST NAME  M.I.  CHILD'S LAST NAME

TRIBAL COURT MAILING ADDRESS  CITY  STATE  ZIP CODE

CHILD'S PHYSICAL ADDRESS

Shade circles like this: ● Not like this: ✕

- Was this child either in the custody of the Tribal Court on December 31, 2021 or in the custody of the Tribal Court when the 2022 application is due? YES ☐ NO ☐
- A. Is the child physically present in Alaska today? If NO, **complete Question 8** on the back of this form. YES ☐ NO ☐  
 B. Was this child in Tribal Court custody for a majority of 2021 or since the child's birth or adoption during 2021? If NO, **complete Question 14** on the back of this form. YES ☐ NO ☐
- Did this child receive a 2021 dividend? If NO, **complete Questions 11 through 13** on the back of this form. If this child is filing for the first time and was born outside of Alaska, attach a copy of the child's birth certificate. YES ☐ NO ☐

**ABSENCES- Failure to disclose reportable absences constitutes fraud.**

- A. During 2021, was this child gone from Alaska more than 90 days total? YES ☐ NO ☐  
 B. During 2021, was this child gone from Alaska more than 180 days total? YES ☐ NO ☐  
 If YES to A or B, **complete Questions 8 through 12** on the back of this form.
- Is this child a United States citizen? If U.S. National non-naturalized choose NO and **complete Question 16**. If NO, **complete Questions 15 and 16** on the back of this form. YES ☐ NO ☐
- Left blank intentionally
- Left blank intentionally

**Tribal Court: Read the Following Statements and Sign**

*Note: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b)(1)&(2).*

**I certify that on the date of application, the minor named on this application:**

- Is now and intends to remain an Alaska resident indefinitely.
- Was in the custody of the Tribal Court as of December 31, 2021 OR in custody of the Tribal Court when the application is due.
- Was born to or adopted by an Alaska resident after December 31, 2020, **OR**
  - Was an Alaska resident for all of 2021, AND
  - Was physically present in the state of Alaska for at least 72 consecutive hours in 2020 or 2021.

**Release of Information:** I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify this child's eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

**I certify that the information I am supplying on and with this form is true and correct and the Tribal Court has legal custody of the minor.**

Tribal Court Staff Signature  Date

Tribal Court Staff Printed Name

Tribal Court Name

Staff Daytime Phone Number  Staff Email

17027

This application must be received by the PFD Division or postmarked by March 31, 2022

This form may be duplicated

Confidential

## Read Each Question Carefully.

Answer Questions 8-12 if you answered YES to Questions 4A or 4B. Also, answer Question 8 if you answered NO to 2A.

8. If this child left Alaska before January 1, 2021, enter the date the child actually departed. List all dates this child was absent from Alaska in 2021 through the date of this application. If the child is still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence reason codes are explained below. If this child had more absences than the number of lines provided below, list on an attachment.

| Code<br>(A-Q)        | Absence Begin Date<br>Month / Day / Year |                      |                      | Absence End date<br>Month / Day / Year |                      |                      |
|----------------------|--|----------------------|----------------------|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>                   | <input type="text"/> | <input type="text"/> |

Why was this child absent?

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## Absence Codes

- A. Accompanied an eligible adult Alaska resident.
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *Download the Education Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov). See Q for secondary education.*
- D. Received continuous medical treatment under a physician's care. *Download the Medical Treatment Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov).*
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof.
- I. Other reasons, including business or vacation. Attach explanation.
- L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- N. Provided care for a terminally ill family member. *Download the Physician's Statement for Terminally Ill Care form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov).*
- O. As part of a legal custody agreement. Attach a copy of the agreement in effect during calendar year 2021.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *Download the Education Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov). See B for postsecondary education.*
- S. Permanently relocated outside Alaska.

9. Was this child out of state with a person other than yourself? If YES, name that person below. YES NO  
☐ ☐

|                       |                       |
|-----------------------|-----------------------|
| Full Name of Person   | Relationship to Child |
| Mailing Address       |                       |
| City, State, Zip Code | Daytime Phone #       |

10. Was the person listed in Question 9 an Alaska resident for YES NO  
all of 2021? Skip this question if Question 9 was left blank. ☐ ☐

Answer Questions 11 and 12 if you answered NO to Question 3 or YES to Questions 4A or 4B.

11. Was this child born or adopted during 2020 or 2021? (Attach complete copy of adoption papers) BORN ADOPTED NO  
☐ ☐ ☐

12. Was this child in Alaska for at least 72 consecutive hours during 2020 or 2021? YES NO  
☐ ☐

If YES, when was this child most recently in Alaska?

2020 ☐ 2021 ☐

Attach documentation showing this child was in Alaska in the year indicated unless this child was born to or adopted during 2020 or 2021.

Answer Question 13 if you answered NO to Questions 1 or 3.

- 13A. Print this child's name as it appears on this child's birth certificate.

|   |                                |                      |
|---|--------------------------------|----------------------|
| First Name                                      | M.I.                           | Last Name            |
| <input type="text"/>                            | <input type="text"/>           | <input type="text"/> |
| U.S. Birth State                                | Country of Birth (If not U.S.) |                      |
| <input type="text"/>                            | <input type="text"/>           |                      |
| Date Child's Most Recent Alaska Residency Began | Month                          | Day                  |
|   | <input type="text"/>           | <input type="text"/> |
|   | Year                           | <input type="text"/> |

- 13B. Other Parent or Adult if in the Same Household

|                        |                      |                      |
|------------------------|----------------------|----------------------|
| First Name             | M.I.                 | Last Name            |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Social Security Number | Date of Birth        |                      |
| <input type="text"/>   | <input type="text"/> |                      |
| Relationship to Child  |                      |                      |
| <input type="text"/>   |                      |                      |

If this adult is not a relative of this child, attach an explanation.

Answer Question 14 if you answered NO to Question 2B.

- 14A. Person who had physical custody of child for a majority of 2021.

|                        |                       |
|------------------------|-----------------------|
| Full Name of Person    | Relationship to Child |
| Social Security Number |                       |
| Mailing Address        |                       |
| City, State, Zip Code  | Daytime Phone Number  |

Attach an explanation of why you are filing for this child.

- 14B. Was this person an Alaska resident for all of 2021? YES NO  
☐ ☐

Answer Questions 15 and 16 if you answered NO to Question 5.

15. What is this child's alien registration number and PRC expiration?

|                         |                                     |
|-------------------------|-------------------------------------|
| A- <input type="text"/> | EXPIRATION DATE (mm/dd/yyyy)<br>/ / |
|-------------------------|-------------------------------------|

16. What was this child's legal immigration status on December 31, 2020?

|                                |   |
|--------------------------------|---|
| <input type="radio"/> Resident | <input type="radio"/> Asylee                          |
| <input type="radio"/> Refugee  | <input type="radio"/> U.S. National (non-naturalized) |
| <input type="radio"/> VISA     | VISA TYPE <input type="text"/>                        |
|                                | EXPIRATION DATE (mm/dd/yyyy)<br>/ /                   |

If this is the first time a dividend will be filed for this child, attach a copy of the front and back of this child's visa or alien registration card.